

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Child and Family Services Agency

Informed Consent for the COVID-19 Vaccine for Children Served in Out-of-Home Care

| Section 1: Information about the Child to Receive the Vaccine (please print) | | | |
|--|------|----------------------------|--------------|
| Child's Name (Last, First, Middle Initial) | | Date of Birth (MM/DD/YYYY) | |
| Parent/Medical Decision Maker Name (Last, First, Middle) | | Relationship to Child | Phone Number |
| Street Address | City | State | Zip |
| Section 2: Informed Decision About Getting a COVID-19 Vaccination for Children | | | |
| <p>Visit the websites below to learn more about the COVID-19 vaccine to ensure you have current information to make an informed decision about providing consent. Before you make this decision, you should speak with your medical provider to make sure you have all your questions answered.</p> <ul style="list-style-type: none"> • DC Government COVID-19 Vaccine Information • Centers for Disease Control COVID-19 Vaccines for Children and Teenagers • Fact Sheet for Recipients and Caregivers: Pfizer COVID-19 Vaccine for individuals 12 years and older | | | |
| <input type="checkbox"/> I have been provided information about the vaccine, I understand benefits and risks, and I will voluntarily make the choice to be vaccinated or not. | | | |
| Section 3: Parental/Medical Decision Maker Consent for Child's COVID-19 Vaccine | | | |
| <p>The decision to vaccinate your child is an important one that you can make as a parent to help ensure your child's long-term health—as well as the health of family, friends, classmates, and others in the community.</p> <p>Please check one box below:</p> | | | |
| <input type="checkbox"/> I CONSENT to CFSA ensuring that the child named at the top of this form will receive a COVID-19 vaccine as authorized by the <i>FDA's Approved or Emergency Use Authorization</i> . | | | |
| <input type="checkbox"/> I DO NOT CONSENT to CFSA ensuring that the child named at the top of this form receives a COVID-19 vaccine as authorized by the <i>FDA's Approved or Emergency Use Authorization</i> . However, I understand that I can change my decision at any time to provide consent for the child to receive the vaccine. | | | |

Parent/Medical Decision Maker Signature

Date

| Section 4: Children, ages 11 through 17, consent to meet with a Medical Provider for the COVID-19 Vaccine | |
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| <p>The decision to get the COVID-19 vaccine is an important one. After you have spoken with your medical provider, you decide whether you do or do not want to receive the vaccine. Please check one box below:</p> | |
| <input type="checkbox"/> I WANT CFSA to ensure that I meet with my medical provider to receive information about the COVID-19 vaccine as authorized by the <i>FDA's Approved or Emergency Use Authorization</i> . | |
| <input type="checkbox"/> I DO NOT WANT CFSA to ensure that I meet with my medical provider to receive information about the COVID-19 vaccine as authorized by the <i>FDA's Approved or Emergency Use Authorization</i> . I understand that it is my choice to not receive the vaccine. However, I understand that I can change my mind at any time if I decide I want to get the vaccine. | |

Child/Youth Signature

Date